PERSONAL ASSISTANCE GUIDELINES

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Community Support
Continuing Care Division

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PERSONAL ASSISTANCE GUIDELINES

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INTRODUCTION

Home Support Workers (HSW) provide care to clients who require personal assistance with activities of daily living. The Service Provider shall assign a HSW who has college certification, or equivalent, to provide personal assistance tasks. Where this is not possible, a HSW may be trained to perform the necessary tasks required for client care. Personal assistance tasks are divided into two areas:

Section I - Standard Practice Tasks
Section II - Professional Tasks Delegated to a HSW
(also categorized as a Delegation of Task)

A request for the delegation of a professional task to a Service Provider by the Continuing Care Division (CCD) will initiate formal procedures for delegation of the task. A Service Provider unable to accept a Delegation of Task will do so without prejudice.

Although not all Service Providers employ a Registered Nurse (RN) Supervisor, the term will be used throughout this document and will refer to the Service Provider RN Supervisor. Where the Service Provider does not employ an RN, the Service Provider will either contract with a private practice RN or request the services of the Community Home Care Nurse (CHCN) before accepting a delegated task.

These revised Personal Assistance Guidelines (PAGs) will replace all other previously written and circulated documents.

PURPOSE

The PAGs document provides direction to clarify the boundaries of practice for the HSW and the responsibility of the CCD and Service Provider staff.

The PAGs document:

- Outlines the standard care tasks routinely performed by a HSW and the professional tasks which may be delegated to a HSW.
- Defines the circumstances under which criteria are used to determine when a Delegation of Task from a CCD professional to a HSW may occur.
- Explains the process involved in a Delegation of Task.

Defines the responsibilities of all parties involved in a Delegation of Task.

GENERAL GUIDING PRINCIPLES

A number of factors must be considered in providing care and support to clients and their families or significant other who need assistance in managing their daily health care.

- The right of the client to receive safe, appropriate cost-effective care.
- The right of the client to be given all information necessary to make informed, voluntary decisions and to share responsibility in the planning and delivery of care.
- The responsibility of the client to maintain optimal personal and functional independence wherever possible.
- The right of the client to live at risk without putting others at risk.
- The right of Service Providers to refuse a Delegation of Task from the CCD without prejudice when they are unable to meet conditions of insurance liability and risk.
- The right of the HSW to refuse to perform a task not authorized by the Service Provider without prejudice.
- The responsibility of health care professionals to maintain their practice competencies.
- Service to the client will be delivered as a result of a collaborative team approach and with the assurance of effective communication among all parties.
- Universal precautions and good hygiene practice will be followed at all times.

Criteria for Standard Practice Tasks

- Section I tasks are Standard Practice tasks that may be performed routinely by a HSW, who has college certification or equivalent.
- Standard Practice tasks may be performed for clients who can and those clients who cannot direct their own care. **There are a few tasks which are Standard Practice only for clients who are able to direct their own care.**
  These exceptions are clearly noted. See table page 10.
- Standard Practice tasks require training, knowledge, and skills.
- Standard Practice tasks must have a written plan of care.
- In most cases, Standard Practice tasks are routine Personal Assistance tasks and not client specific.
- Standard Practice tasks may have additional complex practice components and therefore may required a Community Home Care Nurse (CHCN), Community Rehabilitation Services (CRS) Therapist, or Nutritionist consultation to assist the Service Provider to develop a specific client written plan of care (e.g. feeding issues when there are swallowing difficulties, prosthetics/orthotics where there is circulatory impairment, a client lift, or complex transfer). It is recommended that the RN Supervisor be present at the consultation.

Standard Practice Tasks

Activities of Daily Living

- Bathing - Assist client with bed bath, sponge bath, tub bath, shower, and perineal care (includes cleaning outside of a catheter from the urinary meatus to the connecting tube).
- Grooming - Assist client with hair washing, combing and setting, shaving and dressing.
- Oral Hygiene - Assist client to brush permanent teeth, floss, and use rubber pick; or assist client to remove, clean, and insert dentures.
- Hand Care - Assist client with fingernail maintenance including clipping and filing.

- Skin Care - Assist client to maintain intact skin by washing, drying, applying **non-prescription** body lotions or creams, and observe for changes to skin integrity.

- Toileting - Assist client with toileting, including use of commode, bedpan, or urinal and applying or removing incontinence products.

- Bed Making - Make an occupied bed.

Care of the Body After Death

- Follow Service Provider procedure.

Infant Care

- Assist with bathing, changing, feeding, and preparing formula from written instructions, with or without family present.

Lifts and Transfers

- Assist client to transfer from one surface to another or assist to lift the client's weight from one surface to another, with or without a mechanical aid (e.g. transfer board, mechanical lift). See Appendix V.

Mobilization and Activity

- Assist client to mobilize with or without mechanical aids (e.g. crutches, walkers, canes, wheelchairs).

Nutrition (oral only)

- Prepare special diets from written instructions.
- Assist client with eating.

Ostomony Care

- Empty an ostomy bag.

Urinary Drainage

- Empty, clean, and change urinary drainage bags attached to condom drainage.

For Standard Practice Tasks for clients who are able to direct own care, see Table page 10-13.

SECTION II - DELEGATION OF PROFESSIONAL TASKS

Preamble

CCD professional staff are responsible for the decision to delegate a professional task to a Service Provider. The Service Provider Administrator/RN Supervisor is responsible for the decision to accept the task. CCD staff requesting a delegation must make the request directly to the RN Supervisor. Delegation of responsibility for specific tasks is not a transfer of professional responsibility and liability. In decisions related to the Delegation of Tasks, response to the care needs of clients able to direct care is fundamentally different from the response to care needs of clients unable to direct care. **Section II tasks are client specific and therefore are not normally transferable between clients.** All Section II tasks require an individualized written plan of care.

Nursing

When the CHCN delegates a component of nursing care, the CHCN is accountable for:

- the decision to delegate professional task to care provider/home support worker;
- assessing the client's ability to direct own care;
- educating care provider/home support worker in situations where the Service Provider does not employ an RN supervisor or where the Service Provider supervisor seeks direction;
- approving the client's plan of care. This includes both clients who do not direct own care and clients who direct own care;
- consulting with Choice in Supports for Independent Living (CSIL) Program clients or Client Support Group (CSG) as employer on complex tasks, where appropriate;
- monitoring all clients to evaluate client outcomes and effectiveness of interventions identified in client's plan of care. This does not apply to CSIL or CSG clients who are responsible for ongoing monitoring of performance of their employees.

Whereas the RN Supervisor is accountable for:

- accepting the delegated task;
- determining that the HSW has the necessary knowledge and skills to perform the task safely either through Direct or Indirect Supervision (see Glossary);
- teaching the task to the HSW;
- supervising the HSW;
- reviewing the effectiveness of the task as it contributes to the plan of care;

- reporting any change in client condition to the CHCN.

Rehabilitation

The Section II rehabilitation tasks are taught directly to the HSW by the CRS Therapist within the limits of their discipline specific scope of practice, in the presence of the RN Supervisor.

When the CRS Therapist delegates a component of rehabilitation care, the therapist is accountable for:

- the decision to delegate the professional task to the home support worker (HSW)
- assessing the client's ability to direct their own care;
- educating the HSW;
- *reviewing performance of HSW as required;
- approving the client's plan of care;
- *monitoring all clients to evaluate client outcomes and effectiveness of client's plan of care.

*This does not apply to clients participating in CSIL and CSG programs. These clients participating in these programs are responsible for ongoing monitoring of performance of their employees. However, they may consult with CRS Therapists for complex tasks, where appropriate.

Whereas the RN Supervisor is accountable for:

- accepting the delegated task;
- determining that the HSW has the necessary knowledge and skills to perform the task safely;
- being present at all CRS Therapist's training visits;
- supervising the HSW;
- providing input as necessary regarding the effectiveness of the task as it contributes to the plan of care;
- reporting any change in client condition to the CRS Therapist.

Note: Service providers currently do not employ Occupational Therapists or Physiotherapists as supervisors. For this reason, the CRS Therapist is responsible for teaching the task and cannot delegate this function to the RN Supervisor. Tasks are delegated and taught to each HSW within the individual therapists competence and discipline-specific scope of practice.

SECTION II - DELEGATION OF PROFESSIONAL TASKS

In areas where CRS Therapists are not available, or when the client is receiving therapy from a private therapist, private practice therapists may delegate tasks. The same procedures with regard to referral, training and care development are used. User fees are the responsibility of the client.

A CSIL client or CSG, as employer, is responsible for teaching tasks to their employees. The CRS Therapist may be consulted for complex tasks.

Criteria for the Delegation of a Professional Task

A HSW may be requested to perform a Section II task when:

- A CCD professional staff person, and the client (where the client is able to direct) have determined that the task needs to be done.
- The task cannot be managed by the client and there is no other person in the client's support system to do the task, or the regular caregiver needs respite.
- It is in the best interest of the client, and the client (or responsible family member) consents to the Delegation of the Task to a HSW.
- The client's health status is stable and/or the client's response to the proposed task or procedure is predictable.
- There is adequate supervision available from the RN Supervisor.
- The Service Provider accepts the Delegation of the Task.
- A HSW is available and demonstrates the competency (or has been previously trained or has equivalent competencies – see Glossary, Indirect Supervision) to do the specific task.
- Professional staff are available from the CCD for assistance with training, monitoring, and back-up as needed.
- Service Providers have policies and procedures in place to implement Section II task delegations.

NURSING AND/OR REHABILITATION TASKS

	Section I ***Standard Practice Tasks***	***Section II*** ***Delegated Tasks***	
Delegated Professional Task	***Client Able to Direct Care***	***Client Able to Direct Care***	***Client Unable to Direct Care***
HOT AND COLD PACKS		*Assist client to apply hot and cold packs as outlined in an established plan of care for clients whose sensation has been tested by the appropriate health care professional prior to the Delegation of Task.*	
PROSTHETICS AND ORTHOTICS	*Assist client to apply and remove prosthetic or orthotic device (e.g. slings, hearing aids, artificial limbs, prosthetic eye, braces, corset, splints and support garments, TEDS and JOBST)* *HSWs DO NOT APPLY TENSORS*	←	*Apply and remove prosthetic or orthotic devices (e.g. slings, hearing aids, artificial limbs, prosthetic eye, braces, corset, splints and support garments, TEDS and JOBST)*
VENTILATORY EQUIPMENT		*Assist client with ventilation equipment such as nebulizer or inhaler as outlined in an established plan of care*	*By exception – Assist client with ventilation equipment such as nebulizer or inhaler as outlined in an established plan of care*
	Take direction from client to clean oxygen equipment as per established procedures from the oxygen company.	←	*Clean oxygen equipment as per established procedures from the oxygen company.*
		Fill porta packs (Respiratory Technician may be used for consultation). *Assist client with preset oxygen*	*Fill porta packs (Respiratory Technician may be used for consultation).* *By exception – Assist client with preset oxygen.*

- ***Shading indicates task cannot be done for clients that fall within the category.***
- ***Arrows indicate that criteria for tasks in previous box (on left) apply.***

NURSING TASKS

	Section I ***Standard Practice Tasks***	***Section II*** ***Delegated Tasks***	
Delegated Professional Task	***Client Able to Direct Care***	***Client Able to Direct Care***	***Client Unable to Direct Care***
BOWEL CARE		*Perform bowel care as part of an established regime, including digital rectal stimulation and suppository insertion.* *Insert rectal suppository, microlax.*	*By exception – Perform bowel care as part of an established regime, including digital rectal stimulation and suppository insertion* *By exception – Insert rectal suppository, microlax.*
CONDOM APPLICATION		*Apply condom.*	
FOOT CARE		*The provision of basic nursing foot care to clients whose circulation and sensation has been assessed as normal by a health care professional (e.g. soaking, filing of nails, use of pumice stones).*	← ← ←
GASTROSTOMY FEEDINGS		*Administer gastrostomy feeding as outlined in an established plan of care.*	*By exception: Primarily authorized as Respite if the caregiver routinely performs this task.*
MEDICATIONS *Medications cont'd next page....*		*Instill prescription and non-prescription eye medication or ear drops.* *Insert vaginal/rectal suppository. Instill vaginal medicated ointment.* *Provide assistance with premeasured nebulizer medication.*	*Instill prescription and non-prescription eye medication or ear drops.* *Insert vaginal/rectal suppository. Instill vaginal medicated ointment.* *Provide assistance with premeasured nebulizer medication.*

- ***Shading indicates task cannot be done for clients that fall within the category.***
- ***Arrows indicate that criteria for tasks in previous box (on left) apply.***

NURSING TASKS

	Section I ***Standard Practice Tasks***	***Section II*** ***Delegated Tasks***	
Delegated Professional Task	***Client Able to Direct Care***	***Client Able to Direct Care***	***Client Unable to Direct Care***
MEDICATIONS cont'd	*Provide physical assistance with medications following client direction and established plan of care (e.g. open pill bottle, put medications in client's hand, apply medicated non-prescription soaps and ointments)*	← ← ←	*Give premeasured oral medication. Oral medications should be in a bubble pack prepared by a pharmacist or in a dossette poured by CHCN.*
		Apply prescription soap and ointment	*Apply prescription soap and ointment*
		Apply non-narcotic medicated patches.	*Apply non-narcotic medicated patches*
		Review bubble pack or dosette to determine whether client has taken their medication and follow an established care plan in the event of a missed medication.	
OSTOMY CARE		*Assist/change ostomy appliance and monitor skin integrity and stoma condition in an established plan of care.*	*Change ostomy appliance and monitor skin integrity and stoma condition in an established plan of care.*
PROTECTIVE PADDING		*Assist client with the removal and application of protective padding over intact skin.*	*Remove and apply protective padding over intact skin.*
URINARY DRAINAGE/ CATHETER CARE		*Empty, change and clean indwelling catheter urinary drainage bag and make reportable observation such as colour and output.*	*Empty, change and clean indwelling catheter urinary drainage bag and make reportable observation such as colour and output.*

- ***Shading indicates task cannot be done for clients that fall within the category.***
- ***Arrows indicate that criteria for tasks in previous box (on left) apply.***

REHABILITATION TASKS

	Section I ***Standard Practice Tasks***	***Section II*** ***Delegated Tasks***	
Delegated Professional Task	***Client Able to Direct Care***	***Client Able to Direct Care***	***Client Unable to Direct Care***
ACTIVATION AND THERAPEUTIC ROUTINES		*Assist with exercise, activation, chest therapy (i.e. deep breathing and coughing as per pre-established therapeutic routine). Example: oral motor facilitatory techniques for persons with swallowing disorders.*	← ← ←
		Perform assisted range of motion to maintain functional movement as per a pre-established therapeutic routine. May include positioning to improve range of motion.	← ← ←
PRESSURE PUMP	*Under direction of client, apply cuff, connect machine. Client's condition must be stable and client knowledgeable of correct equipment settings.*	*Assist client with new or complex equipment to apply cuff and connect and turn machine on/off as per pre-established plan of care.* ***Settings are determined by therapist in consultation with client.***	
TRANSCUTANEOUS NERVE STIMULATION (TENS)		*Assist client to apply electrodes of a TENS machine to designated areas as outline in the plan of care. This may also include turning the machine on and off.*	

- ***Shading indicates task cannot be done for clients that fall within the category.***
- ***Arrows indicate that criteria for tasks in previous box (on left) apply.***

OTHER

Complex care tasks that go beyond the current expectations for the delegation of professional task to a Service Provider are sometimes requested. Professional judgement will be considered when client safety is not compromised and all members of the Health Care Team are in agreement.

On occasion, other specific nursing tasks may be delegated to qualified personal employed by the Service Provider (for example, a Licensed Practical Nurse (LPN) or an RN).

In all situations that require professional interventions beyond those described in the PAGs, the Continuing Care Manager (CCM) or designate should consult with the Acute and Continuing Care Program for direction. There must be prior approval for the reimbursement of the Service Provider LPN/RN through the health unit/department home support budget by the CCM.

The Personal Assistance Guidelines is an evolving document. Revisions may occur from time to time in response to client need and the challenges of service provision.

ROLES AND RESPONSIBILITIES
When Professional Tasks are Delegated to HSWs

1. CCD Health Care Professional:

- Has a comprehensive understanding of the PAGs protocols and procedures.
- Ensure that all alternate care options have been explored. (e.g. Is the task needed? Can the client or family be taught the task? Can the task be modified?)
- In collaboration with the health care team, clarifies whether the client can or cannot direct own care.
- Uses professional judgment and clinical assessment skills to determine when a Section II task can be delegated to an authorized Service Provider for a specific client.
- Ensures that comprehensive information is sent to the Service Provider prior to their accepting a Delegation of Task and gives the Service Provider time to review the availability of Service Provider staff.
- Develops an individualized plan of care in collaboration with the client, family, physician, and other community health care professionals, including the RN Supervisor, and transfers this information, including whether the client can or cannot direct own care, to the Service Provider that has accepted the delegated task.
- Monitors all client outcomes and effectiveness of interventions identified in client's plan of care. This does not apply to CSIL or CSG clients who are responsible for ongoing monitoring of performance of their employees.
- Keeps the Service Provider informed of any need for revision in the plan of care, through communication and consultation with RN Supervisor and Service Provider staff.
- Outlines in the Delegation of Task referral process all other relevant data:

  a. When to notify the CCD health care professional.

  b. Establishes how backup support will be provided if the Service Provider has no qualified worker to provide the client's services.

  c. Establishes a review process with the Service Provider, which may include termination, if the Delegation of the Task is no longer appropriate or meeting the client's need.

- CRS Therapists must teach **each** HSW for **each** physiotherapy or occupational therapy Section II task delegated. These tasks are not transferable from one client to another.

ROLES AND RESPONSIBILITIES
When Professional Tasks are Delegated to HSWs

2. Service Provider:

- Is accountable to the Ministry of Health through the local health unit/department for the quality of services it provides to clients referred by the CCD, Ministry of Health.
- Carries appropriate malpractice insurance.
- Authorizes the delegated RN Supervisor to accept or refuse any Delegation of Task for clients with Section II requirements.
- Develops Protocols to direct staff.

3. RN Supervisor:

- Assess and evaluates the ability of the Service Provider and staff to assume responsibility for a client's specific care task and confirms acceptance of the Section II tasks.
- Ensure that HSWs have the necessary supervision, skills, and knowledge to perform assigned Section II tasks.
- Teaches each HSW the nursing Section II tasks and ensures that the tasks taught, according to the established plan of care, are client and task specific. The RN Supervisor may decide whether the teaching is done by either Direct or Indirect Supervision.
- In case of Indirect Supervision, **(for the teaching of nursing delegated tasks)** the RN Supervisor is accountable for this decision and must determine:

A. That the HSW has the necessary knowledge, skills, and ability to perform the task.
B. The HSWs competency level in performing the task has been demonstrated.
C. The client's circumstance is known to the RN Supervisor.
D. An established written plan of care is in place for the delegated task and the plan is immediately accessible to the HSW.
E. The client's safety is not jeopardized.
F. A monitoring plan is in place.

- May identify a task to the CCD that could be delegated.
- Ensures that rehabilitation tasks are taught by CRS Therapists to each HSW and contacts the CRS Therapist when a new HSW needs to be taught the task.
- Is present during the teaching of nursing and rehabilitation tasks and at subsequent teaching sessions (nursing or rehabilitation) for changes in the client plan of care.

ROLES AND RESPONSIBILITIES
When Professional Tasks are Delegated to HSWs

3. RN Supervisor cont'd:

   - Reviews the effectiveness of the task as it contributes to the plan of care.
   - Reports to the CCD health care professional any changes in client's health status or any requirements for further intervention by the CCD professional staff.

4. HSW:

   - Performs the Section II task as outlined in the client-specific plan of care.
   - Reports any changes in client's health status to the RN Supervisor or designate in a timely manner, who will then report these changes to the CCD Health Care Professional.
   - Reports any requirement to the RN Supervisor for additional teaching or supervision in completing a Section II task.

5. Registered Nurse Contracted by the Service Provider:

   - When the Service Provider does not employ an RN, a contracted RN or CHCN assumes the role of teaching the Section II task to the HSW.
   - Ensures that HSWs have the necessary supervision, skills and knowledge to perform the assigned Section II Tasks.
   - Once the Service Provider confirms acceptance of a Delegation of Task, a letter of agreement is sent by the CCD. Written agreement is required prior to onset of service.
   - Is responsible for ensuring that ongoing supervision and monitoring is available.
   - Reviews the effectiveness of the task as it contributes to the plan of care.
   - Reports to the CCD health care professional any changes in client's health status or any requirement for further intervention by the CCD professional staff.

6. Private Practice Therapists:

   - In areas where CRS Therapists are not available, or when a client chooses to receive therapy from a private therapist, private practice therapists may delegate professional tasks to a HSW. The same procedures with regard to training and plan of care development are used. User fees are the responsibility of the client.

PROCEDURE FOR THE DELEGATION OF TASK – SECTION II

- The CCD professional (CHCN, CRS Therapist, or in special circumstances, Case Manager) considers whether a Delegation of Task is in the best interest of the client.

- The CCD professional reviews all alternative care options prior to the Delegation of Task and considers the principles of client autonomy and independence, the right to live at risk, and the right and responsibility of the client's support network.

- The health care team differentiates between those clients able to direct their own care and those clients unable to direct their own care. The client's knowledge and decision-making ability to direct their own care is assessed. (This is a professional judgement).

- The CCD professional makes a request, which includes all necessary information to the Service Provider for a Delegation of Task. The request may be initiated verbally but must be confirmed in writing prior to the initiation of service by the Service Provider.

- The Service Provider Administrator and/or RN Supervisor determines whether the Service Provider has staff who would be competent to do the task and either accepts or refuses the task without prejudice.

Nursing

- The RN Supervisor teaches the task to the HSW. If necessary, CHCNs may be requested to visit to assist the RN Supervisor in adapting a known skill to a particular client situation.

- The RN Supervisor may decide not to make an immediate home teaching visit when there is an established written plan of care in place; a previously trained HSW is available to perform the task and the criteria for Indirect Supervision have been met (see Glossary).

- The CCD sends a letter of agreement to the Service Provider, once the Service Provider confirms acceptance of a Delegation of Task. Written agreement is required prior to onset of service.

Rehabilitation

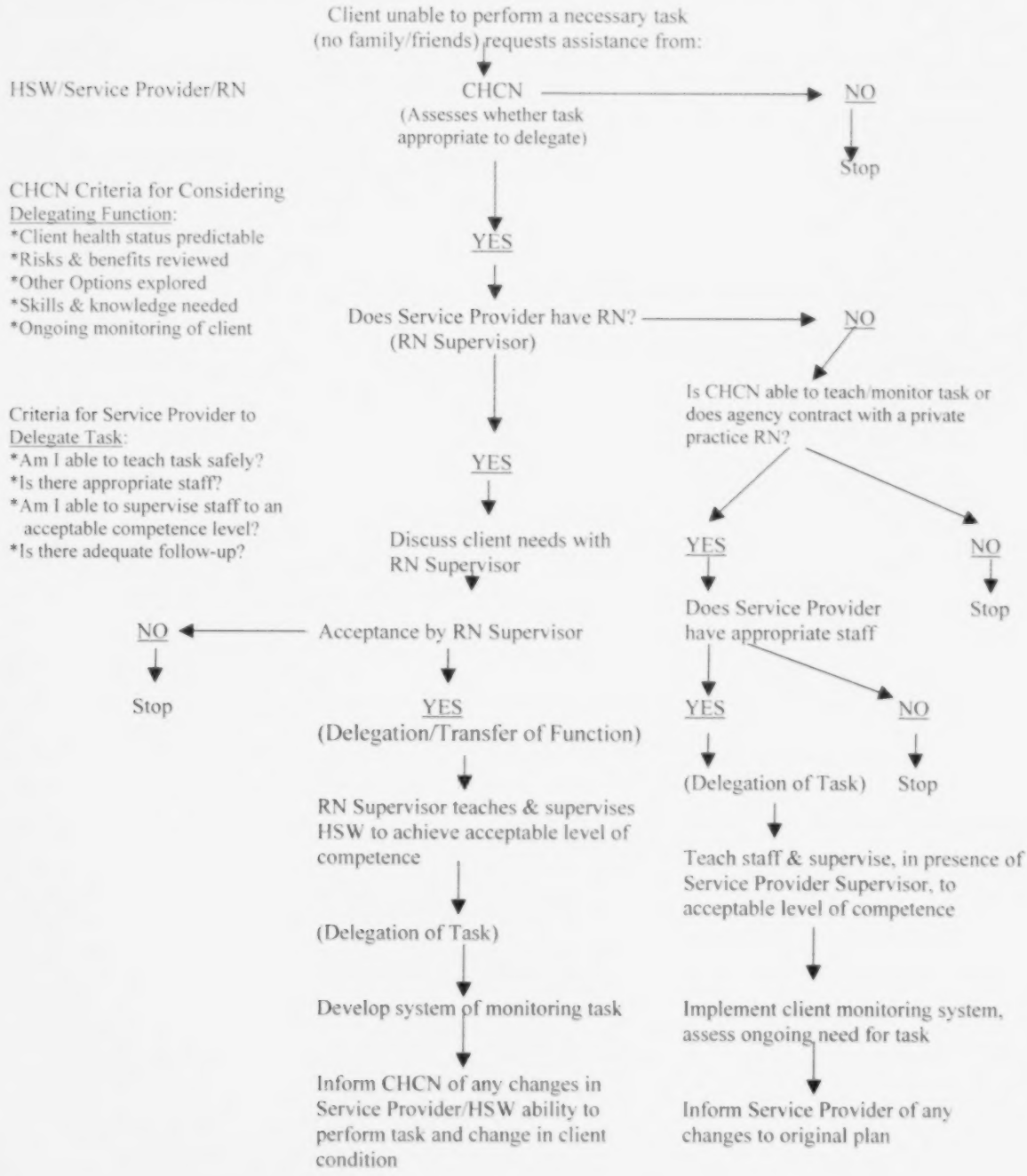
- The CRS Therapist teaches and demonstrates the specific skill for a particular client situation to the HSW in the presence of the RN Supervisor.

- The CCD sends a letter of agreement to the Service Provider once the Service Provider confirms acceptance of a Delegation of Task. Written agreement is required prior to onset of service.

Hospitalization

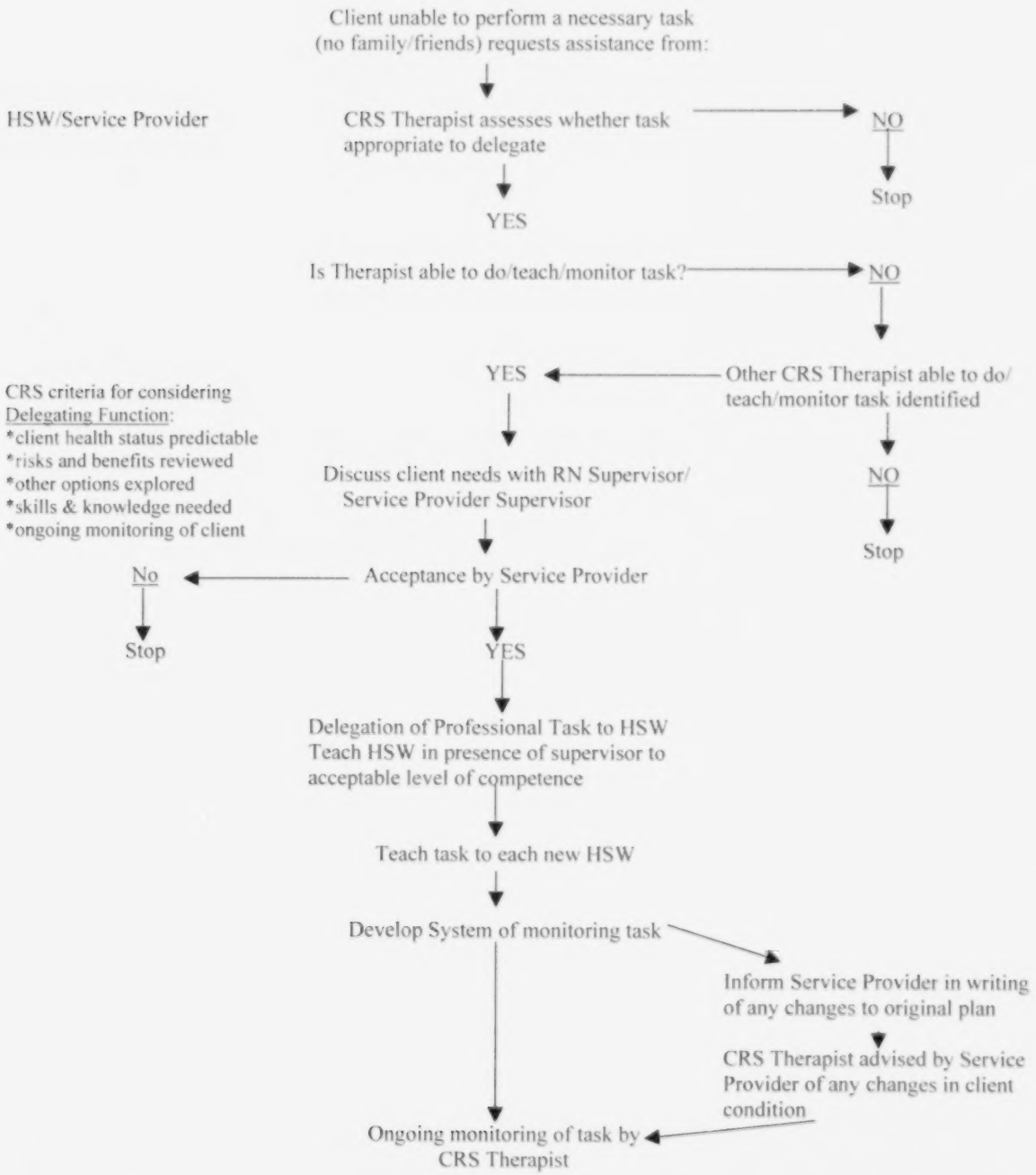
- If the client is hospitalised, the Service Provider agreement for the Delegation of Tasks will be cancelled. Upon acute care discharge, any Delegated Tasks will be considered as new service.

DECISION TREE FOR DELEGATION OF PROFESSIONAL NURSING TASKS


Client unable to perform a necessary task
(no family/friends) requests assistance from:
HSW/Service Provider/RN
CHCN
(Assesses whether task appropriate to delegate)
NO
Stop
CHCN Criteria for Considering Delegating Function:
*Client health status predictable
*Risks & benefits reviewed
*Other Options explored
*Skills & knowledge needed
*Ongoing monitoring of client
YES
Does Service Provider have RN? (RN Supervisor)
NO
Is CHCN able to teach/monitor task or does agency contract with a private practice RN?
Criteria for Service Provider to Delegate Task:
*Am I able to teach task safely?
*Is there appropriate staff?
*Am I able to supervise staff to an acceptable competence level?
*Is there adequate follow-up?
YES
NO
Stop
Discuss client needs with RN Supervisor
Does Service Provider have appropriate staff
NO
Acceptance by RN Supervisor
Stop
YES
NO
YES
(Delegation/Transfer of Function)
(Delegation of Task)
Stop
RN Supervisor teaches & supervises HSW to achieve acceptable level of competence
Teach staff & supervise, in presence of Service Provider Supervisor, to acceptable level of competence
(Delegation of Task)
Develop system of monitoring task
Implement client monitoring system, assess ongoing need for task
Inform CHCN of any changes in Service Provider/HSW ability to perform task and change in client condition
Inform Service Provider of any changes to original plan

Delegation/transfer of function nurse to nurse.
Delegation of task nurse to HSW

DECISION TREE FOR DELEGATION OF COMMUNITY REHABILITATION PROFESSIONAL TASKS


Client unable to perform a necessary task
(no family/friends) requests assistance from:
HSW/Service Provider
CRS Therapist assesses whether task appropriate to delegate
NO
Stop
YES
Is Therapist able to do/teach/monitor task?
NO
YES
Other CRS Therapist able to do/ teach/monitor task identified
NO
Stop
CRS criteria for considering Delegating Function:
*client health status predictable
*risks and benefits reviewed
*other options explored
*skills & knowledge needed
*ongoing monitoring of client
Discuss client needs with RN Supervisor/ Service Provider Supervisor
No
Acceptance by Service Provider
Stop
YES
Delegation of Professional Task to HSW
Teach HSW in presence of supervisor to acceptable level of competence
Teach task to each new HSW
Develop System of monitoring task
Inform Service Provider in writing of any changes to original plan
CRS Therapist advised by Service Provider of any changes in client condition
Ongoing monitoring of task by CRS Therapist

DELEGATION OF A PROFESSIONAL TASK
Community Home Care Nurse/Community Rehabilitation Service Therapist

DATE: _____

FAX TO: Service Provider RN Supervisor

_____

_____

_____

REQUEST DELEGATION OF A SECTION II TASK TO A SERVICE PROVIDER:

Client: _____ Able to Direct: _____ Unable to Direct: _____

D.O.B. _____ Continuing Care No: _____

Task:

1. _____

2. _____

3. _____

Recommended Frequency of Care: _____

_____ _____

Community Home Care Nurse (CHCN)/
Community Rehabilitation Services Therapist (CRS)

(Office Phone Number)

Note: A Section II task, transferred according to the Ministry of Health guidelines, is for exclusive use with this client and shall not be modified, not used with another client. Physiotherapy and occupational therapy tasks must be taught directly by the CRS Therapist to the specific home support worker providing the care with the Service Provider RN Supervisor present.

DELEGATION OF A PROFESSIONAL TASK
Community Home Care Nurse/Community Rehabilitation Service Therapist

DATE: _____

Your Service Provider has agreed to accept the complex care task transferred for _____

_____

The CHCN/CRS Therapist will be contacted in the event of:

1. _____
2. _____
3. _____

CRS Therapist _____, CHCN _____,

Service Provider RN Supervisor _____, and the

Home Support Workers _____ have met and reviewed the plan of care.

Frequency of Monitoring: Recommended _____; Minimum _____

The following options have been arranged should the Service Provider not be able to provide the above service (circle):

1. The minimum frequency of care will be provided by an alternate trained home support worker.
2. The client's family will be approached to do the care.
3. An alternate home support worker trained by the CHCN/CRS Therapist will do the care.
4. The CHCN/CRS Therapist will do the required care with as much notice as possible

_____ _____

Community Home Care Nurse (CHCN)/ Community Rehabilitation Services Therapist (CRS) (Office Phone Number)

FAX TO: Service Provider RN Supervisor _____

cc: Client _____ CRS Therapist _____

Case Manager _____ CHCN _____

Physician _____

SAFE TRANSFERS AND LIFTS
STANDARD PRACTICE TASKS IN THE COMMUNNITY – SECTION I

TRANSFERS

1. Definition

A transfer is:

A cooperative care plan carried out by the client and the caregiver to move the client from one surface to another.

When the client bears weight through at least one leg or both arms.

2. Classification of Transfers

2.1 Supervised

The client transfers consistently. The caregiver provides verbal guidance, assistance with equipment, and little or no physical assistance.

2.2 Minimal Assist

The client stands, bears weight on both feet, and takes steps consistently. The caregiver provides verbal guidance, assistance with equipment, and minimal physical assistance.

2.3 Moderate Assist

The client stands, bears weight on one or both feet with assistance consistently, and is pivoted by the caregiver.

2.4 Maximum Assist

The client stands, bears some weight on one or both feet with assistance and is pivoted by the caregiver, but is inconsistent in performance.

LIFTS

1. Definition

A lift is:

A cooperative care plan carried out by the caregiver to lift the entire weight of the client from one surface to another.

Chosen to move the client who is unable to bear any weight or is mentally incapable of physically assisting.

2. Classification of Lifts

2.1 Manual One Person Assist

The lightweight, consistent client is unable to bear weight through their legs, but may be able to assist with their arms.

2.2 Mechanical Lift and One Person Assist

The heavy care, uncooperative and/or inconsistent client is unable to bear weight through their legs or assist with their arms.

2.3 Manual Two Person Assist

The "heavy care", uncooperative, and/or inconsistent client is unable to bear weight through their legs or assist with their arms and a mechanical list is not environmentally possible.

2.4 Mechanical and Two Person Assist

The "heavy care", uncooperative, and/or inconsistent client is unable to bear weight through their legs or assist with their arms or where two persons are required to operate a mechanical lift.

*heavy care
- heavy weight
- high frequency of transfers
- disproportionate height/shape between client and caregiver
- lift causing perceived risk to client/caregiver

NO PROFESSIONAL CONSULTATION REQUIRED

1. Supervised transfer
2. Minimal assist
3. Moderate assist

CONSULTATION RECOMMENDED (REGISTERED NURSE/THERAPIST)

1. Maximal assist transfer
2. One person assist lift
3. Mechanical lift
4. Two person assist lift
5. Injury situation:
   - incidents with client;
   - home support worker injury in the work history
6. When client/caregiver/home support worker are concerned about the safety of the transfer procedure.

DIRECTIONS FOR USE OF THE SAFE TRANSFERS AND LIFTS DOCUMENTS

Transfers shall be reviewed as part of the care plan by the Service Provider RN Supervisor/Supervisor as needed and regularly.

Who Completes the Form?

Any non-professional or professional involved with transfers and lifts in the community may originate the form. Service Providers are expected to be the major originator.

Hospital Liaison will use the accepted definition and classification of transfers and lifts (pages 23-24), but not originate the form as the assessment must be done in the home.

The Quick Response Team (QRT) will use the accepted definition and classification of transfers and lifts (page 23-24).

Who gets the Form?

- Originator/client/CCD file/Service Provider Care Plan/CHCN/CRS, if on care.
- Societies such as the Multiple Sclerosis Society or Arthritic Society may obtain a copy through the client.

When to Consult the Service Provider RN Supervisor/Supervisor?

For all standard transfers and lifts:

Recommend that service Provider RN Supervisor/Supervisor has training in standard lifts and transfers of a client.

When to Consult CHCN?

For standard maximal assist transfers and all lifts beyond the skill level of the Service Provider RN Supervisor or when the Service Provider does not have an RN Supervisor.

When to Consult CRS?

For a standard maximal assist transfer and all lifts beyond the skill level of the Service Provider RN Supervisor or when the Service Provider does not have an RN Supervisor.

For a standard maximal assist transfers and all lifts beyond the skill level of the CHCN (e.g. requirement for adaptive aid or modification of a standard transfer or lift)

ASSESSMENT TO DETERMINE SAFE TRANSFER &/OR LIFT METHODS

NAME: _____
CARE #: _____ **AGE:** _____
DIAGNOSIS: _____
_____

*For use by caregivers (when there are problems/concerns with transfers/lifts)

P = Predictable U = Unpredictable FWB = Full Weight Bearing PWB = Partial Weight Bearing

Client ability to assist (check appropriate box)	Predictable	Unpredictable	FWB	PWB	Comments
right arm					
left arm					
right leg					
left leg					
Client verbally assist					
Other					

Client Involvement:	Predictable	Unpredictable	Comments
giving instruction			
receiving instruction			
emotional status			
cognitive status			
compliance			
Physical Status:	**Predictable**	**Unpredictable**	**Comments**
muscle tone (spasm)			
pain			
sitting balance			
standing balance			
lying to sitting			
sitting to standing			

HEIGHT _____ approximate/confirmed WEIGHT _____ approximate/confirmed

TRANSFERS/LIFTS PER DAY _____
EQUIPMENT USED _____
METHODS TRIALED _____
SAFETY PRECAUTIONS _____

Completed by: _____
signature

cc: Originator/Client/Client file/Service Provider Care Plan/CHCN and CRS if on care

NAME: _____

CARE # _____

DEFINITIONS AND SELECTION OF SAFE CLIENT TRANSFER/LIFT

PLACE CODE IN LEFT MARGIN BOX P=PRIMARY METHOD B=BACKUP METHOD C=CLIENT DESIRED METHOD	
NO PROFESSIONAL CONSULTATION REQUIRED	
1. **A transfer is:** • a procedure whereby a client moves from one surface to another by weight-bearing through one or both legs, buttocks, or both arms; • a procedure which is a dynamic, co-operative action between the client and the caregiver.	
CODE	CLASSIFICATION
	1.1 Supervised: The cooperative consistent client transfers. The caregiver provides verbal guidance, assistance with equipment, and little or no physical assistance.
	1.2 Minimal Assist (front assist) The cooperative consistent client stands, bears weight on both feet and takes steps. The caregiver provides verbal guidance, assistance with equipment and minimal physical assistance.
	1.3 Moderate Assist (front support) The cooperative, predictable client stands, bears weight on one or both feet with assistance and is pivoted by the caregiver.
CONSULTATION IS RECOMMENDED BY RN/THERAPIST	
	1.4 Maximal Assist (front support) The cooperative client stands, bears weight on one or both feet with assistance and is pivoted by the caregiver but is inconsistent in performance.
2. A lift is a procedure whereby the entire weight of the client is: • carried from one surface to another, or • repositioning within a surface, and • a cooperative action between the client and the caregiver.	
CODE	CLASSIFICATION
	2.1 Manual one person support: The lightweight, cooperative, predictable client is unable to bear weight through his/her legs, may be able to assist with his/her arms and may have sitting balance.
	2.2 Mechanical Lift and One Person Assist: The heavy, uncooperative and/or inconsistent client is unable to bear weight through his/her legs or assist with his/her arms.
	2.3 Manual Two Person Assist: The heavy and/or uncooperative and/or unpredictable client is unable to bear weight through his/her legs or assist with his/her arms and a mechanical lift is not environmentally possible.
	2.4 Mechanical and Two Person Assist: The heavy and/or uncooperative and/or unpredictable client is unable to bear weight through his/her legs or assist with his/her arms and a one person operative mechanical lift is not available or two person lift are not available as an option.
COMPLETED BY: DATE:	(further details on page 31)

cc: Originator/Client/Client file/Service Provider Care Plan/CHCN and CRS if on care

NAME: _____

CARE # _____

ENVIRONMENT

Equipment in place – Circle & Comment:

Has: Manual w/c power mobility / commode / toilet / chair / couch / bed / bath / vehicle type _____ / ramp / grab bars / pole / transfer belt / sliding board / transfer disc / other

Needs: Manual w/c / power mobility / commode / toilet / chair /couch / bed / bath / vehicle / ramp / grab bars / pole / other

Environmental barriers to transfer?

Appliance concerns?
catheter / splint / prosthesis / colostomy / ventilator / IV / other

CLIENT/CAREGIVER/FAMILY

Skills required by client/caregiver/family:

PLAN

Training _____

Consult (RN/Therapist) _____ Video ☐ Date Booked: _____

Other _____

COMPLETED BY (signature): _____ DATE: _____

EMPLOYED BY ☐ HU/Dept _____ / ☐ Service Provider _____ /
(specify) ☐ Hospital _____ / ☐ Other _____ /

CLIENT CONSENT: ☐ Signature/Verbal: _____ Date: _____

GLOSSARY OF TERMS

- **By Exception:**
  A proposed intervention which goes beyond the scope of the Persona Assistance Guidelines and the decision to perform the intervention is made in consultation with the health care team, the client, and client sponsor if appropriate. The health care team considers the client's best interest, client safety, quality of life, available resources, and the safety of the Home Support Worker (HSW).

- **Certification:**
  Successful completion of either a Home Support Attendant or combined Home Support Attendant and Residential Care Attendant Program offered through a Provincial Community College, or the HSW has equivalent skills, knowledge and ability.

- **Choice in Supports for Independent Living (CSIL):**
  A program in which eligible Continuing Care clients are responsible for purchasing their own home support services and are funded directly. the client of Client Support Group (CSG) is the employer of the HSW and assumes all liability and accountability for decisions related to the delivery of their home support service including ongoing monitoring of HSW performance.

- **Client Able to Direct:**
  One who is cognitively capable to make decisions regarding their care and can communicate effectively (verbally or nonverbally through communication devices) so as to be understood by any authorized caregiver. This client has the potential to make informed, voluntary decisions regarding care based on knowledge and adequate information provided by an appropriate health care professional, related to the task being delegated.

- **Client Unable to Direct:**
  One who is occasionally or consistently cognitively impaired or cannot communicate essential information in an adequate manner to the authorized caregiver. This client will not be able to make informed, voluntary decisions regarding care requirements. The client may, in a limited way or not at all, be able to participate in the care process, relevant to the specific task.

- **Client Specific:**
  Restricted to one particular individual, situation, relationship, and outcomes.

- **Complex Practice Tasks:**
  Functions which require skills, knowledge and competencies over and above those required to perform basic interventions.

- **Continuing Care Professional Staff:**
  Refers to nursing, physiotherapy, occupational therapy, nutrition, social work, and case management staff who provide services to clients. Where a particular discipline is referenced, that discipline will be noted in the document.

GLOSSARY OF TERMS CONT'D

- **Delegation of Task (Transfer of Function):**
  To transfer components of professional nursing or rehabilitation tasks from a CCD health professional to another health care worker.
  Ref: Nurse to Nurse Informations for Nurses Delegating Tasks and Procedures, etc.

- **Direct Supervision:**
  To provide direct supervision is to be immediately present to direct and monitor work performance of the HSW and to regulate, manage, or guide activities toward a goal. For the purposes of this document, direct supervision relates primarily to the **teaching** of a delegated task to a HSW.

- **Established Plan of Care:**
  A step-by-step client-specific plan of action developed by the CCD health care professional, in collaboration with the Registered Nurse (RN) Service Provider Supervisor, and client where appropriate.

- **Health Care Team:**
  Members may include the Service Provider Administrator, RN Supervisor, Supervisor, Scheduler and HSW, Community Home Care Nurse (CHCN), Case Manager, Physiotherapist, Occupational Therapist, Nutritionist, Social Worker, and Physician.

- ***Indirect Supervision:**
  The RN Supervisor may delegate a specific task to a HSW who, in the RN's professional opinion, has the necessary competencies to complete the task. The RN does not have to be physically present to teach the task to the HSW if the following criteria are met;
  Criteria:
  - The RN Supervisor has determined that the HSW has the necessary knowledge, skills and ability to perform the task.
  - The HSW's competency level in performing the task has been demonstrated.
  - The client's circumstance is known to the RN Supervisor.
  - There is an established written plan of care in place for the delegated task and the plan is immediately accessible to the HSW.
  - The client's safety is not jeopardized.
  - A monitoring plan is in place.

- **Live at Risk:**
  Client renders a decision which they know if carried out, may result in injury or harm to them.
  Criteria:
  - The client has the cognitive ability to make an informed decision.
  - The client is given information to make an informed decision.

GLOSSARY OF TERMS CONT'D

- **Service Provider:**
  The home support agency.

- **Stable:**
  The anticipated client response to the task or procedure is not likely to change.

- **Standard**
  Substantially uniform and well-established by usage and widely recognized as acceptable. Serves as a baseline.

- **Universal Precautions:**
  Protocols which require health care workers to assume that all clients are potentially infected with HIV or other blood-borne agents, and to use barriers and other protective equipment parenteral, mucous membrane, and non-intact skin exposure to blood and body fluids.

- **Without Prejudice:**
  With no negative repercussions.

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* **References**
Nurse to Nurse Information for Nurses (delegating nursing tasks and procedures) Registered Nurses Association of British Columbia, 1994.